R E P O R T R E S U M E S

ED 018 050 EC 001 885

SELF-HELP AND REHABILITATION, AN ANNOTATED BIBLIOGRAPHY.

BY- KATZ, ALFRED H. AND OTHERS
CALIFORNIA UNIV., LOS ANGELES

PUB DATE OCT 67

EDRS PRICE MF-$0.25 HC-$1.92 46P.

DESCRIPTORS- *EXCEPTIONAL CHILD SERVICES, *COUNSELING, *ADJUSTMENT (TO ENVIRONMENT), ANNOTATED BIBLIOGRAPHIES, REHABILITATION, SOCIAL WORK, INSTITUTIONS, PROFESSIONAL PERSONNEL, DELINQUENT REHABILITATION, SCHOOLS, SOCIAL WORKERS, SELF HELP PROGRAMS, SELF CONCEPT, SOCIAL FACTORS, PSYCHOLOGICAL NEEDS, PSYCHOLOGICAL SERVICES, SOCIOPSYCHOLOGICAL SERVICES, PHYSICALLY HANDICAPPED, MENTALLY HANDICAPPED, COMMUNITY DEVELOPMENT, HEALTH SERVICES, WELFARE SERVICES,

NINETY-EIGHT ANNOTATED REFERENCES (FROM 1933 TO 1967) ON SELF HELP AND REHABILITATION FOR THE MENTALLY AND PHYSICALLY HANDICAPPED ARE INCLUDED IN THE BIBLIOGRAPHY. ALL RELATE EITHER TO THE SELF HELP FORM OF ORGANIZATION IN THE STRUCTURING OF HEALTH AND WELFARE SERVICES OR TO THE SOCIAL AND PSYCHOLOGICAL ASPECTS OF REHABILITATION. THE REFERENCES TREAT (1) SOCIAL THEORY AND METHODS, (2) COMMUNITY AND FAMILY ASPECTS, (3) INSTITUTIONS (HOSPITALS, PRISONS, SCHOOLS), (4) SELF HELP ORGANIZATIONS, (5) SELF HELP GROUPS AND PROFESSIONAL WORKERS, AND (6) SELF HELP AND COMMUNITY DEVELOPMENT. (DF)

DEC 1 1967

ED018050

SELF-HELP AND REHABILITATION

An Annotated Bibliography

Compiled by

ALFRED H. KATZ, D.S.W.
JACQUELINE HUSEK, M.A.
CELYNN J. MAC DONALD, B.A.

U.C.L.A. School of Public Health
Los Angeles, California 90024
October, 1967

EC 001 885

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

SELF-HELP AND REHABILITATION

An Annotated Bibliography

Compiled by

Alfred H. Katz, D.S.W.
Jacqueline Husek, M.A.
Celynn J. MacDonald, B.A.

U.C.L.A. School of Public Health
Los Angeles, California 90024
October, 1967

FOREWORD

This bibliography derives from two professional interests of the compiler that are of some years' standing: the first, in the self-help form of organization that I see as a component of growing importance in the structuring of health and welfare services; and second, in socio-psychological aspects of the rehabilitation of the physically and mentally handicapped.

From various professional experiences, studies and observations over the last dozen years, I have been impressed by the importance and potentials of self-help organizational structures, and I am persuaded that many professional workers have an insufficient appreciation of the therapeutic group action, educational and other advantages of the self-help form in various aspects of social treatment, and in particular in the long-term rehabilitation process.

Having such conviction, I have sought to read in the relevant social science literatures in order to discover theoretical formulations, as well as empirical studies that would aid in my own understanding and analysis of self-help phenomena. Especial attention has been given to writings on small-group theory and practice, and to studies of social rehabilitation, but a section has also been included on community development projects because of their embodiment of self-help approaches.

The present bibliography is thus a distillation of these personal readings and studies, summarizing those that have seemed to me of the greatest relevance and usefulness.

Having its origin in one person's interests and limited as it was by resources of staff and time, I cannot claim that the bibliography is exhaustive

in its somewhat diffuse field. I see it as possibly helpful to professional workers and social scientists in their initial orientation to this field, and perhaps suggestive of the lines along which progress will be made, in developing the theory and practice of self-help groups in rehabilitation, and assessing their potentials in American social planning.

As work has proceeded,* it has become clear that the relevant literature could be logically categorized under the six main headings that follow.

The compiler and his associates hope that this bibliography will be useful in orienting professional workers and students to the world of self-help phenomena, and will stimulate increased research and conceptualization in this significant area. Indeed, our hope would be that enough additional interest would be stimulated as to render this bibliography obsolete in a very few years' time.

Alfred H. Katz, D.S.W.
Professor, Schools of Public Health and
Social Welfare
University of California
Los Angeles
September, 1967.

---

*This project has been supported by Research Grants from the U.C.L.A. Academic Senate, and the Research Committee of the School of Public Health.

TABLE OF CONTENTS

Section A. SOCIAL THEORY AND METHODS Page 1

Section B. COMMUNITY AND FAMILY ASPECTS Page 16

Section C. INSTITUTIONS (HOSPITALS, PRISONS, SCHOOLS) Page 26

Section D. SELF-HELP ORGANIZATIONS Page 36

Section E. SELF-HELP GROUPS AND PROFESSIONAL WORKERS Page 37

Section F. SELF-HELP AND COMMUNITY DEVELOPMENT Page 39

SELF-HELP AND REHABILITATION: AN ANNOTATED BIBLIOGRAPHY

A. SOCIAL THEORY AND METHODS

1. Berzon, Betty, Pious, Constance, and Farson, Richard E., THE THERAPEUTIC EVENT IN GROUP PSYCHOTHERAPY: A STUDY OF SUBJECTIVE REPORTS BY GROUP MEMBERS, *Journal of Individual Psychology*, Vol. 19, November 1963, pp. 204-212.

   Authors collected 375 written descriptions by group psychotherapy members on those events felt to be most beneficial. Responses stressed self-help through group relations; restructuring self-image through group feedback; expression of self in the group; and enrichment of the feeling life.

2. Brager, G., THE INDIGENOUS WORKER: A NEW APPROACH TO THE SOCIAL WORK TECHNICIAN, *Social Work*, Vol. 10, No. 2, April 1965, pp. 33-40.

   Use of nonprofessionals in social work is seen as providing relief for chronic staff shortages, vocational opportunities for slum-dwellers, self-improvement for the nonprofessional, and participation of slum dwellers in community programs. Indigenous worker is characterized by warm response to client, mutuality of interests, better communication, lack of "professional role," emphasis on client life circumstance, and healthy mistrust of bureaucratic authority. Author describes Mobilization for Youth's work among low-income persons. Refers to MFY's Visiting Home-maker Service, Community Development Program, and Parent Education Aide Unit.

3. Carter, Launor F., Haythorn, William, and Howell, Margaret, A FURTHER INVESTIGATION OF THE CRITERIA OF LEADERSHIP, in *Small Groups: Studies in Social Interaction*, ed. Borgatta and Hare, New York: Knopf, 1955, pp. 523-26.

   Development of an earlier study on leadership in relatively leaderless high school groups with intellectual, work, and motor tasks. Leadership ability was found to be estimated more reliably by group members, in the form of expressed opinion or nomination to position, than by faculty members or friends.

4. Cressey, Donald R., SOCIAL-PSYCHOLOGICAL THEORY FOR USING DEVIANTS TO CONTROL DEVIATION, Experiment in Culture Expansion, California State Department of Corrections, Sacramento, July 1963. (mimeographed)

Given at the 1963 Norco Conference, sponsored by the National Institute of Mental Health and California State Department of Corrections, which explored the involvement of targets of therapeutic programs as active agents in the rehabilitative process. Article states that conforming behavior with attendant legal structures is a social norm, and that criminal deviation produces guilt and shame that are incompatible with the self-conceptions of normalcy. It concludes that reformed ex-criminals, being élite carriers of anticriminal conceptions, can be used effectively in the effort to prevent crime and reform criminals.

5. Daniels, Dan, A FIVE-STEP GRADUATED APPROACH TO THE EMPLOYMENT OF OUT-OF-SCHOOL OUT-OF-WORK YOUTH, Experiment in Culture Expansion, *ibid.*

Given at the 1963 Norco Conference, this paper explores five phases of employment development: recruitment; counseling, evaluation, and guidance; work stations and training; referral to higher skill training and employment; and post-placement counseling and development. Self-motivation and self-evaluation are seen as important aspects of the program.

6. Fairweather, G. W., *Social Psychology in Treating Mental Illness: An Experimental Approach*, New York: John Wiley & Sons, 1964.

Describes a series of controlled experiments in a Veteran's Administration psychiatric facility, in which increased patient participation was found to correlate highly with clinical improvement.

7. Foote, Nelson N., and Cottrell, Leonard S. Jr., *Identity and Interpersonal Competence: A New Direction in Family Research*, The University of Chicago Press, 1955.

Authors examine structure and activity patterns of the family, working from the premise that fluid interpersonal relations and not static character structures constitute the basic determinant of a well-functioning family unit. They stress that the group exercises a moderating and cooperative influence on its members and that self-examination within the group is the key to both individual identity and developing interpersonal relations. Some outside forces considered to affect interpersonal relations are social class; the global political situation; the speed of industrial progress; increasing social complexity; increased leisure; equality between the sexes; and family autonomy in deciding

to have or not to have children. Various forms of interpersonal experimentation are considered, as are the functions of family-serving agencies.

8. Garrett, Dan L. Jr., SYNANON: THE COMMUNIVERSITY, *Humanist*, September/October, 1965, pp. 185-189.

The Synanon program described, not in terms of treating narcotics addiction, but as a comprehensive moral and intellectual education regime for any personality-disordered person. Author holds that American society, including the educational system, increasingly produces personality disorders by passing primarily quantitative information to the individual without giving him sufficient help in developing a moral framework and means to apply his knowledge to life within that framework. The Synanon system, integrating life and thought, is a counter-degenerative force. It begins by allowing continuing membership only to those who will replace disorder acting-out, such as antisocial or criminal behavior, alcoholism, or drug addiction, with constructive actions assigned by senior members in a closely knit, paternalistic group. Emotional tensions arising from this radical shift and from interpersonal relations are given release in the regular Synanon Game, in which members attack one another's recent behavior and also any hypocracy or deception sensed in the argument itself. This release of negative social drives is supplemented in the directed Dissipation; here, members discuss life-situation topics with much probing into feelings and attitudes of individuals but with gamelike attack and defense discouraged. Such thought-from-life material is elaborated in activities that include the nondirected Cerebration, in which topics of concern are developed up to general sociological, political, philosophical, religious, and artistic levels. Members are also encouraged to spend as much unscheduled time as they can with Synanon "Wizards," senior members divorced from the administrative structure, who are considered to embody the moral and intellectual qualities of the organization.

9. *Group Psychotherapy*, Vol. XVI, No. 4, December 1963.

This volume contains eight articles and reports devoted to various aspects of psychodrama, a self-help therapy technique developed by J. L. Moreno. First is an autobiography of Moreno and his wife and son. Others include a reaction to psychodrama by Paul Greenberger; an evaluation of the technique's use for vocational rehabilitation by James W. McDaniel; a study of Moreno's contribution to psychology; and reports of the American Society of Group Psychotherapy and Psychodrama 1963 meeting, the Third International Conference of Group Psychotherapy and Psychodrama 1963 meeting, the Third International

Conference of Group Psychotherapy in 1963, the First International Conference of Group Psychotherapy in 1963, and the First International Conference of Psychodrama in 1963-64.

10. Hare, A. Paul, SMALL GROUP DISCUSSIONS WITH PARTICIPATORY AND SUPERVISORY LEADERSHIP in, *Small Groups: Studies in Social Interaction*, ed. Borgatta & Hare, New York: Knopf, 1955, pp. 556-560.

Author reports an experimental study with Boy Scouts in a summer camp, who were asked to prepare for individual walking trips. Some troop leaders were told to provide their members only with supervisory leadership, and others were told to provide for participatory leadership. Somewhat more agreement was reached in the troops with participatory leaders, who voiced their opinions with the others. Members of those troops were also better satisfied with the group decision.

11. Hauser, Richard, and Hauser, Hepzibah, *The Fraternal Society*, New York: Random House, 1963.

Authors consider present society rigidly paternal and suggest an ideal fraternal society based on mutual responsibility and common purpose. They theorize that social change in this direction starts with indignation and goes on to internal group conflict, constructive action, enlargement of purpose, identification with society, and social wisdom.

12. Kapp, F. T., Gleser G., *et al.*, GROUP PARTICIPATION AND SELF-PERCEIVED PERSONALITY CHANGE, *Journal of Nervous Mental Disorders*, Vol. 139, No. 3, 1964, pp. 255-265.

Paper describes effects of participation in formal and informal therapy groups by psychiatric out-patients in terms of their rating of their major problems.

13. Katz, Alfred H., SELF-HELP IN AMERICA, *New Society*, London, No. 45, August 8, 1963, pp. 13-15.

As supplement to limited professional government and private philanthropic aid, American self-help groups have proliferated in the last two decades. Author describes five phases of development: spontaneous origin by disadvantaged persons and relatives; informal organization spread through friends and acquaintances; emergence of leaders; further organization through rules or bylaws; and incorporation of professionalized techniques and staff workers. In the latter two stages expansion from community up to sometimes national or even international levels has occurred. Distrustful relations between nonprofessional professional personnel and agencies has arisen, sometimes resolved to

advantage through cooperative linking of authority and functions. Some representative self-help groups that have evolved through all the above stages are National Multiple Sclerosis Society, Muscular Dystrophy Associations of America, National Association for Retarded Children, United Paraplegic Veterans' Association, Parents with a Purpose, and Parents without Partners. A few typical organizations that have stopped short of full institutionalization and use few or no professional personnel include Alcoholics Anonymous, American Association of Therapeutic Self-Help Clubs, and Synanon Foundation; these emphasize small-group discussion and personal example, and the latter employs a 24-hour-a-day living-in situation and a phased daily program that starts with physical tasks and proceeds to wider cooperative responsibilities. Author concludes with brief reference to Great Britain's government welfare programs, which offer opportunities for group and multi-group development that are as yet insufficiently exploited, and to the emerging organizations of parents of thalidomide babies in a number of countries.

14. Katz, Alfred H., APPLICATION OF SELF-HELP CONCEPTS IN CURRENT SOCIAL WELFARE, *Social Work*, Vol. 10, No. 3, July 1965, pp. 68-74.

Describes how members of both European and American self-help groups work together to accomplish program objectives; examines some of the theoretical bases of self-help approaches; analyzes the scant attention given to self-help in current agency programs; and urges cooperation among professionals and indigenous laymen to promote the self-help movement.

15. Katz, Alfred H., SELF-HELP IN REHABILITATION: SOME THEORETICAL ASPECTS, *Rehabilitation Literature*, Vol. 28, No. 1, January 1967.

Discusses social phenomena underlying self-help movements, relates them to other current social trends, and examines use of self-help approaches in rehabilitative services. Author cites groups deprived of normal growth within mainstream of society who develop self-organization as alternative path to identity realization, constructive activity, and heightened social communication. He stresses the self-help group's capacity to counter bureaucratic "treatment" systems with social innovation, pioneering, and grass-roots expansion closely molded to the actual living situation, and predicts increasing use of self-help approaches.

16. Krech, David, and Crutchfield, Richard S., *Theory and Problems of Social Psychology*, New York: McGraw-Hill Book Company, Inc. 1948, Chapter 6 (175-204) and Chapter 11 (404-442).

Chapter 6 discusses the effect of cultural and psychological factors on the individual's beliefs and attitudes. It stresses

the role of such factors in the development of the individual personality. Special attention is paid to the organization and development of efforts in such areas as establishing goals, diagnosing needs and motivations, and building action programs that integrate individual and group.

Chapter 11 describes criteria and determinants of high and low group morale and also functions, types, training and development, and characteristics of group leaders.

17. Lakin, M., and Dobbs, W. H., THE THERAPY GROUP PROMOTES AN HYPOTHESIS OF PSYCHOGENESIS: A STUDY IN GROUP PROCESS, *International Journal of Group Psychotherapy*, Vol. 12, No. 1, 1962, pp. 64-74.

What are the effects of group relations on an individual? In this article, based on a tape-recorded group session, authors explore patterns of conformity, pairing, intimacy, leadership, deviancy, and the like. Their efforts to apply some principles of group dynamics to the recorded material include a study of the therapist role.

18. Landy, D., REHABILITATION AS A SOCIOCULTURAL PROCESS, *Journal of Social Issues*, Vol. 16, No. 2, 1960, pp. 3-7.

Defines rehabilitation as relearning and social readaptation from sick person to patient to convalscent to expatient to well person. Roles and statuses come with each step in the hospital, which is analagous to a family. Endpoint internalization of values and practices that define and direct culture. Author refers reader to other studies dealing more deeply with socialization processes.

19. Litman, T. J., THE INFLUENCE OF SELF-CONCEPT AND LIFE ORIENTATION FACTORS IN THE REHABILITATION OF THE ORTHOPEDICALLY HANDICAPPED, *Journal of Health and Human Behavior*, 1962, Vol. 3, No. 4, pp. 249-257.

There is evidence that adjustment and reaction to physical disability are dependent upon attitudes of injured patient and non-injured fellows, as well as pre-morbid personality. In the United States the "body-beautiful" is highly valued, therefore disabled will often consider selves inferior, so will society view them as such. This study attempts to assess the relationship between social and psychological variables and rehabilitation response.

Sample: 100 orthopedically disabled patients 15 years of age and older suffering sudden types of illness with limbs and body systems intact, yet use and function lost.

Method and Procedures: Criteria for response to

rehabilitation three measuring instruments:

1) Evaluation by staff describe the patients acceptance of his condition, general physical state, rehabilitation potential and over-all motivation for treatment. Rating sheets attempted to measure effort expended, cooperation, drive, interest, initiative and desire for self-help and independence.

2) Semi-structured interview schedule constructed in order to determine patient's attitudes toward hospitalization as well as his pre-traumatic social and psychological behavior.

Sub-scales included:

a) a disability self-concept scale

Self-concept viewed as a function of the patients evaluation of the attitudes of others toward himself as well as his sense of personal adequateness and worth. Self-feeling regarding sociability, marriage, and sex relations, employment, acceptance, appearance, etc.

b) Jansen-Hill family integration scale,

c) measure of how active patient had been prior to onset used a social participation and leisure-time activities scale.

Found self-conception, family reinforcement, financial concern and previous participation organization and physical participation were significantly related to rehabilitation response.

Age, degree of family solidarity, ordinal position, pre-disability personality and behavior, were not related to rehabilitation response.

To aid self-concept, recommend more extensive public education concerning potential accomplishment of rehabilitation.

3) A pre-disability questionnaire mailed to nearest living relative attempted to ascertain patient's temperament, initiative, gregariousness, etc., prior to onset.

20. McDonald, W. Scott, and Saunders, David H., AUTONOMOUS GROUPS IN THE REHABILITATION OF INSTITUTIONALIZED MENTAL PATIENTS - PHILOSOPHY IMPLICATIONS, in Experiment in Cultural Expansion, *op. cit.*

Authors theorize that interpersonal relations in a group

increase the stability of its members. Major factors in stabilization are the support the group offers members and the autonomy and responsibility the group can attain.

21. Newstetter, Wilber I., Feldstein, Marc J., and Newcomb, Theodore, M. *Group Adjustment: A Study in Experimental Sociology*, Cleveland: Western Reserve University, 1938.

A study of an early experiment (Wawokiye Camp Research Project), on group formation, with emphasis on self-help. Experimental goals were development and social adjustment of the individual through voluntary group association and the use of this association to further other socially desirable ends. Control factors included maintenance of group through duration of experiment, equal participation of members in activities, and equal access of members to facilities. Organization and activities were developed on the basis of personal preference as determined through questionnaires or interview schedules. Approach was tested for reliability by tabulating consistency of personal selection. Interpretation was developed mainly on the basis of the individual's acceptability and status within the group. Authors found an increasing cooperative bond between the group and its members. They concluded that such an experiment produces an *a priori* group that can be studied beneficially in relation to those organized around a social norm and that emphasis on the individual member's interest and needs must be considered equally with goals, leadership, and supervision in the formation of a group and the development of its program.

22. O'Reilly, Edmund F., BUT I'M VULNERABLE, *The Dis-Coverer*, Vol. 2, No. 2, July 1965. 447 Gregory Hall, Urbana, Illinois

Author discusses grouping through fellowship motivation for sense of community not usually provided today in religion and psychology. He holds that feeling of social vulnerability drives individual to isolate himself, and that consequent damage to productive life can be overcome only through openness and direct communication with other persons.

23. Peck, H. B., Roman, M., Kaplan, S. R., and Bauman, G., AN APPROACH TO THE STUDY OF THE SMALL GROUP IN A PSYCHIATRIC DAY HOSPITAL, *International Journal of Group Psychotherapy*, Vol. XV, No. 2, April 1965, 207-219.

Study describes the interrelationships between the individual and his group. Method: a small-group observation form filled out by observers through a one-way mirror, viewing the group in session over time. Variables: manifest levels of communication, structural differentiation, latent

themes, and informal roles. Attention paid to nonverbal behavioral manifestations--such as attendance, time of arrival, etc. Concerned with the manifest and latent content of sessions particularly as they elucidate common group tensions. Authors believe that groups move from the personal-impersonal to the interpersonal, and that they move in time from past-future to the present. Oscillations in these variables reflect period of crisis and/or transition. Manifest content tends to be group-specific, but latent tends to be common to all groups. Four main themes found in all groups are: inclusions, dependency, power and intimacy. As the group develops, it tends to move from inclusion to intimacy. Themes are acted out in groups and they observe role-seeking and role-inducing processes. Informal group roles, such as patient leader, isolate, scapegoat and monopolist are seen as serving the functional needs of the group as a social entity, and the defensive behavior of the group in its attempt to cope with a common set of tensions. If the group becomes preoccupied with an individual's role, it is assumed the group is under the influence of the idea or symbol the given individual personifies.

The hierarchical organization of roles, formal and informal, is seen as reflecting the group's structure and value system as well as level of development as a social-therapeutic entity.

The effort is to develop a reliable and clinically useful observation system for small groups, with primary emphasis on manifest levels of communication, structural differentiation, latent themes and informal roles.

The feeling is that small groups offer unique opportunities for ego repair while simultaneously counteracting the secondary consequences of hospitalization, such as increased dependency and loss of self-esteem. Some concepts of Hartmann, Kris, Erikson are included as explanatory theories.

24. Perkins, Marshall, THE NEW GROUP THERAPY, *Mental Health Clinics*, Illinois Department of Mental Health, April 1964, 17-19.

Author criticizes therapist-patient dyad based on Freudian thought and supports Fromm-Horney-Sullivan shift to interpersonal relations as source of therapy. Group-generated influences can be clinically utilized to achieve a new and better type of personality reconstruction. Inherent self-help and mutual-aid tendencies in members encourage co-equal participation and sharing of problems and also self-corrective insights and action; within this framework, the therapist must be spontaneous and revealing

and must share work with members. Author concludes that establishing of self-therapeutic groups within moving currents of community life can prevent or arrest community degeneration and can even have a significant influence on the structure of larger social institutions.

25. Raven, B. H., SOCIAL INFLUENCE AND POWER, Office of Naval Research, December 4, 1964. (brochure)

Describes social influence as individual change originating in another individual or group. Identifies kinds of influence as informational (results from communication); coercion and reward; expertness; reference (others used as yardstick); and legitimate (acceptance of authority). These kinds of influence usually appear in combination in a group, depending on relative positions of members. Informational influence is probably most stable but must be achieved through knowledge.

26. Reissman, F., THE "HELPER" THERAPY PRINCIPLE, *Social Work*, Vol. 10, No. 2, April 1965, 27-32.

Author discusses his theory of the helper role as an aid to self-improvement. Refers to other writers such as Wittenberg, Goldberg, Hawkinshire, Schneider, King and Janis, Volkman and Cressey, Brager, and Pearl. Stresses that nonprofessionals as helpers themselves become more efficient and also form a link between the low-income client and the middle-class social worker. Relates helper theory to "advanced student" role in school and also to the potential lowering of student discrimination. States that helpers gain in self-image, committment to a position, morale, cognitive associations, and status and prestige. Warns that nonprofessional helper may project his own problems into the situation and that as the helper principle is applied more in actual programs it may lose some of its power (e.g., less development of helper self-image).

27. Riessman, F., and Goldfarb, Jean, ROLE-PLAYING AND THE POOR, Mobilization for Youth, Inc., New York, December 1963. (unpublished paper)

Role-playing may be particularly valuable to the disadvantaged because: it is active, concrete, externally oriented, group-centered, game-like, and informal; it reduces social distance between professional and client; it personalizes client's relation with institutionalized agency; it develops client's powers of communication and leadership. Authors point out that role-playing leads to a satisfactorily structured situation (role-training), that its simplicity

and directness make it more acceptable to the poor than psychodrama and that it may help relieve the emotional stress of client's life situation. Role-playing is considered valuable for both diagnosis and behavior modification.

28. Rose, A. M., A SYSTEMATIC SUMMARY OF SYMBOLIC INTERACTION THEORY, in A. M. Rose, *Human Behavior and Social Processes, an Interactionist Approach,* Boston: Houghton Mifflin Co., 1962, 3-19.

Theory of human interaction in small groups as a socializing, acculturating process. Extends Mead and Cooley analysis to current groups.

29. Ritter, Kathie, and Gibb, Jack R., TENTATIVE BIBLIOGRAPHY ON EFFECTS OF SMALL-GROUP EXPERIENCES, Western Behavioral Sciences Institute, La Jolla, California, 1964 (mimeographed).

Many of the 60 titles focus on experimental and training programs for small groups. Some areas of concern are organizational development, management, industrial relations, teaching, and psychology.

30. Shibutani, Tamotsu, REFERENCE GROUPS AS PERSPECTIVES, *American Journal of Sociology,* Vol. 60 (1955), 562-569.

This essay, although mainly concerned with general dynamics of social structuring, illustrates some of the more complex factors in the self-development of individuals and groups. Individual is described as bringing into life with others an initial perspective, or viewpoint, and a tendency toward certain types of voluntary action. As he adjusts to the give-and-take of interpersonal relations, he identifies with the standards and attractive members of one or more related groups (reference groups). Often conflicts arise among the standards of reference groups and between those and individual standards, particularly in specialized and pluralistic societies, where reference groups are usually numerous. Examples of reference group conflict are labor-management, church-state, and family-school tensions; individuals who often experience conflict are those marginally placed relative to dominant reference group (laisser-faire thinker in time of socialization, progressive clergyman in white supremacist area, peacefully inclined person in wartime, well-educated woman) and those placed between dissimilar reference groups (factory foreman, public servant in community that includes his own family. In such situations a person committed to one perspective or reference group often goes through a period of frustration

marked by disturbance of interpersonal relations, rejection of family and friends, and alienation from self and progresses to a radical conversion of perspective and allegiance to a new reference group; examples are those who change religious faith, marginal members of minority groups who transfer allegiance to the majority group, and persons entering into or recovering from neurosis and particularly psychopathic disturbance or psychosis. The survival of any individual, group, or society seems to require a broad and stable perspective that at the same time is capable of modification in coping with other perspectives in particular cases or changing times.

31. Torrance, E. Paul, METHODS OF CONDUCTING CRITIQUES OF GROUP PROBLEM-SOLVING PERFORMANCE, *Small Groups: Studies in Social Interaction*, New York: Knopf, 1955, pp. 560-567.

Author summarizes views of such writers as Rogers, Cantor, Maier, Lippit, and French stressing the role of the individual member in group development and the role of group decision in changing behavior. He then presents observations on a study of a combat air cruise in problem-exercises with each member of a crew evaluating his group's performance in unstructured critique, directed critique, self-critique (experimenter absent), and structured critique (rating scales of experimenter used as a guide). Directed and structured critiques were found most effective.

32. Volkman, Rita and Cressey, D. R., DIFFERENTIAL ASSOCIATION AND THE REHABILITATION OF DRUG ADDICTS, *American Journal of Sociology*, Vol. 69, 1963, pp. 129-142.

These authors suggest that in self-help groups (specifically Synanon) identification with accepted social norms may result from identification with the figures who are cast in helper roles.

They further suggest that in-group members who are cast in these roles, may themselves benefit most from the group situation. Such benefit is hypothesized to be the result of increased sharing of non-deviant values through increased experience and self-identification in the role of "reformer."

33. Wellman, Marvin, BASIC PRINCIPLES OF MORENO'S CONTRIBUTION TO PSYCHOLOGY, *Group Psychotherapy*, Vol. XVI, No. 4, December 1963, pp. 260-284.

Summarizes the thoughts on basic human psychology of J. L. Moreno, early developer of group self-help psychotherapy

and psychodrama. For Moreno, human behavior is motivated by genetic influences, memory of past experiences, and especially spontaneous urges regarding present situations. It is spontaniety that makes possible change and growth; the other two factors simply "warm up" the individual to a state of readiness for spontaneous action. Each person grows through periods of seeing all as first unified and then differentiated. As he grows, he assumes various roles imposed from outside himself and develops a sense of conflict between reality and fantasy aspects of self. This split is progressively healed by the self through spontaneous action and speech, especially that associated with dramatic recreation of past disturbing experiences.

34. Wright, Beatrice, *Physical Disability, A Psychological Approach*, New York: Harper & Brothers, 1960, 408 pp.

This is perhaps the strongest single work dealing with the socio-psychological problems of the physically handicapped. Wright synthesizes many empirical findings in a theoretical analysis, some features of which are as follows:

Disabled persons can be compared with members of minority groups as to: inferior status position; experience of social behavior expected by the larger group. Some minorities are proud of their group characteristics; for the physically handicapped, his differences are usually not shared with others; may be only one in his family with disability so that family identification is impaired. He is often more isolated than a minority group member.

Thus, social and self-devaluation are constant problems for the physically handicapped. Idolizing normal standards unnecessarily commits many persons with a disability to repeated feelings of failure and inferiority.

If normal is idolized, what may be actual accomplishment and great achievement (e.g., walking) may be seen as a failure within the context of normal walking.

One motive for physical rehabilitation, then, is to be like others. The shame of comparison (at least for children) can lead to despair and quitting.

There is little relationship between the degree of disability and actual adjustment.

Rehabilitation is more successful when measured against what the patient can perform, what is difficult for <u>him</u> to perform, rather than against a general norm.

It may be necessary to cling to the normal ideal before one can give it up, to try to be like everyone else

before one can find the comfort and the reward in being oneself. This may be particularly true in a society that ill prepares its members for the eventuality of disability and fosters the ideal of superman in many phases of its life, as in industry, sports, etc.

Accepting one's disability and oneself as a person with disability implies a certain feeling of kinship with others who have a disability. This does not necessarily imply an all-absorbing interest in the disabled or disability but the disability must first be accepted before it can be dealt with psychologically. Training in social skills is essential. Techniques include:

1) role-playing and discussion

2) entering real-life situations with someone else who knows or who is disabled, but adjusted, an "old patient"

3) seeing how other disabled are able to handle their situation, e.g., demonstrations as to how they handle themselves in public, drive cars, etc. These demonstrations are only partially helpful--patient must go through them himself to learn.

4) entering real-life situations with other novices and struggling through them together

5) bringing the outside world in--a half-way measure of mixing patients with various disabilities, for practice in social interaction

6) providing the patient with a job in the hospital as a half-way measure

7) In England, hostels for paraplegics have been established near light industry. Patient can then go through half-way measures of social integration in semi-protected environment.

8) group discussion--sharing of experiences, story-telling and discussion. Fictitious stories can prepare patients for future expected or likely experiences.

9) reality testing and practice to aid in developing social skills.

<u>Motivation toward rehabilitation</u> is complex. Some approaches:

1) Many tasks, in and of themselves, are not pleasurable (e.g.,wearing corrective braces). How can task be recast so that it becomes part of an activity which is pleasurable?

a) Embedding--child becomes involved in the unpleasant but necessary task as a means to an end which is pleasurable (e.g. unbutton something to get at a toy). Applies also to adults, but is more vital to children.

b) Sometimes repetitive drill is a happy relief from fun and frolic. Also, the experience of doing something just because it should be done is valuable even though it is tedious. Danger arises if child does not realize the significance of the task, and if he is over-burdened by it.

2) Child's overall experience with rehabilitation session should be one of success, not failure.

a) Experience of success accomplished primarily in two ways--through performance (intrinsic) as such and through social approval (extrinsic).

b) Success and failure is relative, is a psychological experience. Goals must be realistic, neither too easy nor too hard.

c) Success can be overdone, over-stressed. Most life-experiences are neutral in this respect. Same should be true of rehabilitative experience.

d) Short-term, achievable goals are best. Problem often is in defining achievable goals. Sometimes subgoals--gradual approximations to the goal are more manageable than larger ones.

e) Patient's involvement in setting the goals is probably more effective than arbitrary setting of them. Success, failure and level of aspiration are interrelated.

B. COMMUNITY AND FAMILY ASPECTS

35. Bailey, Margaret B., ALCOHOLICS-ANONYMOUS GROUPS AS AN AID TO WIVES OF ALCOHOLICS, *Social Work*, Vol. 10, No. 1, January 1965, pp. 68-74.

Describes Alcoholics-Anonymous as a fellowship for relatives and friends of alcoholics. Alcoholics-Anonymous theory starts with the idea that each alcoholic is likely to affect several family members, resulting in mutually destructive interaction. In the group, spouses and other family members can find aid in understanding the alcoholic, social support, new activities, new friends, and encouragement to scrutinize and change themselves.

36. Bales, R. F., THE THERAPEUTIC ROLE OF ALCOHOLICS ANONYMOUS AS SEEN BY A SOCIOLOGIST, *Quart. J. Stud. Alch.*, June-March, 1944-45 5, pp. 267-278.

Alcoholics Anonymous described as a social organization analogous to a living organism. Organization serves as a reference group for the individual, providing common problems and experiences and a strong large-family solidarity centered around recruitment and maintaining soberness. Craving for a drink is combatted through underlying needs for adjustment, providing other means or activities, breaking up the obsession with drink, and acquiring more effective thoughts and feelings. Group breaks through individual's sense of isolation and distrust extending even to himself. Each response of the individual to the recruitment call is a basically religious act that binds him ever closer to the group.

37. Barnwell, John E., GROUP METHODS IN PUBLIC WELFARE, *International Journal of Group Psychotherapy*, Vol. 15, No. 4, October 1965, pp. 446-463.

Describes several self-help group programs carried on by the San Diego County Department of Public Welfare. Programs encouraged a sustained working relation between the helping agency and the clients; maximum community and personal participation; and democratic discussion leading to group decisions. Author also describes criteria and techniques for the formation of small self-help groups.

38. Beiser, Morton, POVERTY, SOCIAL DISINTEGRATION AND PERSONALITY, *Journal of Social Issures*, Vol. 21, No. 1, January 1965, pp. 56-78.

Discusses the "disintegrated poor," those poor living within the context of a disintegrated community. Characteristics of the disintegrated poor include dissociated personality

traits, lack of performance skills, and psychopathology. They display basic distrust, shame and doubt, guilt, inferiority, role confusion, and despair. Such elements combine in a vicious downward spiral within the community accompanied by rejection by the larger society. However, experimental programs indicate that reintegration can be achieved. Author describes a Cornell study of a program in a disintegrated community, develops the idea that key factors in such recovery are self-help, group organization, and education.

39. Brooks, Michael P., THE COMMUNITY ACTION PROGRAM AS A SETTING FOR APPLIED RESEARCH, *Journal of Social Issues*, Vol. 21, No. 1, January 1965, pp. 29-40.

A general analysis of community action programs rising out of the Economic Opportunity Act of 1964, which stresses maximum participation of members in groups and communities served. Each community builds its own program in such areas as employment, job training and counseling, health, vocational rehabilitation, housing, home management, welfare, and special assistance to low-income persons and families. Professional researchers participate actively by providing experimental ideas, collecting and analyzing data, helping to make plans, and evaluating programs. Evaluation includes determination of program achievement and key program elements. Evaluators focus on individual projects and how they fit into a group of related projects; relation of community stratification and intercommunication to the program; and the roles played by such groups as administrators, researchers, indigenous leaders, political and other élite groups, racial groups and the poor.

40. Chandler, Robert, Eslinger, Elizabeth, Mackler, Margaret, and Selkin, James, A GERIATRIC TREATMENT PHILOSOPHY, *Journal of the Fort Logan Mental Health Center*, Vol. 3, No. 3, Winter, 1965, pp. 79-86.

Article describes goals and program of Fort Logan's first geriatric unit, begun in October 1964. Basic approach is remotivation toward productive social relations with emphasis on self-help, mutual aid, self-exteem, and confidence regarding the future. Treatment includes social therapies, insight therapies, activity therapies, and medical therapies.

41. Christmas, June Jackson, and Davis, Elizabeth B., GROUP THERAPY PROGRAMS WITH THE SOCIALLY DEPRIVED IN COMMUNITY PSYCHIATRY, *International Journal of Group Psychotherapy*, Vol. 15, No. 4 October 1965, pp. 464-477.

Authors survey the American Negro's background of

poverty, deprivation, and discrimination and describe Columbia University's Harlem Hospital group therapy program, which stresses democratic self-help processes. Main aspects of the program are the use of nonprofessional mental health staff workers and offering of multiple coordinated services to the community.

42. Cohen, F., ALCOHOLICS ANONYMOUS PRINCIPLES AND THE TREATMENT OF EMOTIONAL ILLNESS, *Mental Hygiene*, Vol. 48, No. 4, October, 1964, pp. 621-26.

Discusses the applicability of AA program to general psychiatric problems. AA's goals are trustful relation to a "higher power," willingness to confront painful past experiences, cooperation with peers, and aid to others. The program's technical features are the screening-out of unresponsive alcoholics, nonprofessional supervision, reciting of common experiences, group belongingness, and frequent meetings. Author sees positive results in stability of mood, sense of well-being, relief from anxiety and depression, and modified perceptions and expectations of others. Author is conducting what he considers a similar program at Cambridge Day Center.

43. Hubbard, Fred, THE YOUTH CONSULTANT PROJECT OF THE PROGRAM FOR DETACHED WORKERS, YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN CHICAGO, Experiment in Culture Expansion, July 1963, *op. cit.*

A part of the 1963 Norco Conference, sponsored by the National Institute of Mental Health, exploring involvement of the targets of therapeutic programs as active agents in the rehabilitative process. Article describes Chicago YMCA's Detached Worker Program, whose staff workers develop youth consultant projects in various neighborhoods and utilize leaders of juvenile gangs as aids in curbing gang activity. Workers organize youth leaders into cadres of field assistants and coordinating consultants for extensive series of group activity. Program has made an important contribution to reduction of juvenile delinquency in Chicago.

44. Katz, Alfred H., THERAPEUTIC ASPECTS OF PARENT ASSOCIATIONS FOR THE HANDICAPPED, *Cerebral Palsy Review*, October 1961.

Article explores the therapeutic value of self-organized groups for those who participate in parent associations for the handicapped. Subject interviews reveal both intragroup support in terms of mutual aid and catharsis in terms of release of hitherto blocked feelings, such as hypersensitivity, anxiety, shame, and the sense of rejection by other

family and community groups not so afflicted. Classes, discussions, and therapy groups in the parent associations have proved a vital part of the programs.

45. Katz, Alfred H., NOTES BY AN AMERICAN OBSERVER ON POLAND'S SELF-HELP REHABILITATION PROGRAM, *Rehabilitation Record*, May-June 1964.

The Polish Union of Invalid Cooperatives described by an American social worker. Physically and mentally disabled persons are given incentive and organizational structure to involve themselves in their own recovery and rehabilitation. There are 410 autonomous union workshops and businesses, about 75% of whose members are disabled. Each group obtains its own contracts and regulates employment practices, training, and marketing. In addition, the union has an extensive social welfare program.

46. Krause, E. A., ON THE TIME AND PLACE OF CRISES, Research Report #6 for VRA, 1964, New England Rehabilitation for Work Center.

Explores problems and promises of personal crises at the center for both live-ins and live-at-homes. Live-ins are considered more fully integrated into the clinic's social setting, but possibly less ready for separation at discharge.

47. Landy, D., and Wechsler, H., COMMON ASSUMPTIONS, DIMENSIONS, AND PROBLEMS OF PATHWAY ORGANIZATIONS, *Journal of Social Issues*, Vol. 16, No. 2, 1960, pp. 70-78.

Common assumption regarding the "halfway" house: a protected transitional facility between hospital and community. Variants in structure and philosophy include: closed versus open system (vertical versus horizontal authority); professional versus lay organization; individual dependence versus independence; patient versus nonpatient role. Research problems found in studies of such facilities: unspecific studies, unscientific criteria, inadequate control groups, ethical variations, irrelevant conclusion patterns. Agency problems: poor selection of members, improper staying time, wrongly timed readmission, disproportionate costs, unknown need for such agencies. Program is judged good on basis of work, socially acceptable behavior, democracy, individual expression, enhanced self-esteem, reduced social barriers, increased communication, better earning power, teamwork, developed ego-strength, and improved self-help.

48. Markoff, E. L., THE DYNAMICS OF SYNANON: A STUDY OF METHODS IN THE MODIFICATION OF BEHAVIORAL DISORDERS, Master of Science thesis, University of California, Los Angeles, 1964.

Synanon is described as a reality-oriented anti-addiction community that involves, motivates, and reinforces the individual through stable social roles. Program is ego-development together with internalization of social controls. Solid family-community structure maintained, with emphasis on total acceptance and participation by incoming individuals. To increase solidarity, group strives to undo individual's former ego patterns and ties with family and acquaintances and to involve him vocationally in supporting Synanon. Gradually the successful patient develops a healthy and adaptive psychology. Incentives and rewards are used, including status improvement. Indigenous group leaders, no professional staff. Members at meetings (usually about 12 members three times a week) and seminars speak on any subject and then others react. Tapes accumulate material for later newcomers. Saturday night open houses expose members to larger society and promote favorable publicity. A person clean of addiction for a year has a birthday party at which he makes a public testimonial, which reinforces the development of both himself and the group. Synanon experience is seen as occurring in four critical stages: time of decision to enter (usually relief and pleasure are characteristic); three to six months later (introspection, depression); about 1 year residence (determined effort to understand self and relation to others); 1-1/2 to 2 years (significant stabilization of personality).

49. McDaniels, James W., EVALUATION OF THE USE OF GROUP THERAPEUTIC TECHNIQUES FOR VOCATIONAL REHABILITATION, *Group Psychotherapy*, Vol. XVI, No. 4, December 1963, pp. 255-259.

Chairman of the Department of Rehabilitation in Pueblo, Colorado, makes a preliminary experimental evaluation of the use of group psychotherapeutic techniques in a state vocational rehabilitation agency. A strongly connected central group and four experimental self-help groups were formed of clients who were at the same time taking vocational training. Experimental groups developed relatively high autonomy regarding counselors and positive adjustment to training and employment.

50. Mechanic, D., RELEVANCE OF GROUP ATMOSPHERE AND ATTITUDES FOR THE REHABILITATION OF ALCOHOLICS, *Quart. J. Stud. Alcoh.*, Vol. 22, 1961, pp. 634-645.

This study was concerned with the relative importance of "volunteer" status and group atmosphere in affecting

the attitudes of institutionalized alcoholics. These variables were viewed within the context of a theory of attitude and role consistency.

A sample of 336 alcoholics at two rehabilitation centers for alcoholics received a questionnaire concerning their experiences with alcohol and intentions concerning drinking in the future. Center A was a volunteer hospital with open doors and activities directed toward encouraging alcoholics to define their drinking as a problem; it provided considerable support for negative attitudes toward future drinking. Center B was a locked ward primarily for "drying out" legally committed patients, although a small group of volunteer patients were included in this group. There was no treatment or informational program at Center B. Thus three groups were available for comparison: volunteers in a volunteer hospital, Center A (N=111); committed patients in Center B (N=189); and volunteer patients in Center B (N=36).

Volunteer patients in Center A were much less likely to express intentions of future drinking, and reported greater anger and more punitive feelings toward other patients who might be drinking secretly than did committed alcoholics in Center B. Volunteer alcoholics in Center B resembled committed alcoholics in these attitudes more than they did volunteers in Center A. Other relevant variables (income, education, prior experiences with alcohol) were considered in relation to the major variables under study.

The findings suggest the importance of group atmosphere in affecting the attitudes of alcoholics, and the possibility that mixing a small number of volunteer patients with large numbers of committed patients may not be advantageous for rehabilitating alcoholics who volunteer for treatment. While the issues involved require further exploration and amplification, the findings suggest the importance of theoretical social-psychological ideas for understanding factors in the rehabilitation of alcoholics.

51. Neff, W. S., *The Success of a Rehabilitation Program,* A follow-up study of clients of the Vocational Adjustment Center, Monograph No. 3, Chicago, Illinois: The Jewish Vocational Service, 1961.

One to two years after patients' discharge from rehabilitation program, a study was made of whether they were placed in a job and also whether they stayed on the job. Attitude of family was indicated as major factor in

vocational adjustment. Of little importance were age, nature of disability, and previous employment experience.

52. Palmer, Mabel, B., and Hoffman, E. L, A STUDY OF THE MEMBERSHIP AND PROGRAM OF A CLUB OF EXPATIENTS OF MENTAL HOSPITALS, *Mental Hygiene*, Vol. 48, No. 3, 1964, pp. 372-379.

Authors interviewed some members of the Magnolia Club in New Orleans to investigate who benefits most from an expatient social club, which club program is best, and how members' relative success in the club can be judged. Characteristics of successful members generally were 25-45 age; potentially employable; white collar, middle-class; at least high school education; short hospital term; and current psychiatric help. Success seems to be judged in terms of lack of re-hospitalization and re-entry into the community. Goals within the club are growing self-confidence, friends, new social skills, and increased familiarity with the larger community.

53. Riessman, Frank, SELF-HELP AMONG THE POOR: NEW STYLES OF SOCIAL ACTION, *Trans-action*, Vol. 2, No. 6, September/October, 1965, pp. 32-37.

The social action approach of Saul Alinsky is evaluated as a possible nation-wide model. Alinsky's approach involves formation of community-wide committees to localize economic and social problems, the organizing of problem-experiencing groups, and such special cadres as "truth squads" for documenting problems and "death watches" for dramatizing problems. His method is based on a citation of problem-experiencing groups toward direct action as both therapy and practical solution. Author sees the Alinsky approach as developing dynamic community organization groups that may be linked productively to one another and to such broader social movements as labor and civil rights.

54. Slack, Charles W., SCORE: A DESCRIPTION, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, sponsored by the National Institute of Mental Health, this paper explores involvement of the targets of therapeutic programs as active agents in the rehabilitative process. Describing the Score Project in New York City, author outlines low-cost program to benefit hard-core teenage street-corner boys in metropolitan areas. Score's method, derived from the idea that every person has a potential for maturity and ethical behavior, involves regular reinforcement by money

or other means of teenager's socially productive voluntary behavior. The Score staff worker uses a role-reversal technique in which the job of reducing crime is turned over to the youths themselves.

55. United States Committee, International Conference of Social Work, Inc., *Promoting Social Welfare through Self-Help and Cooperative Action in the United States*, New York: American Association of Social Workers, 1954.

A report on the Seventh International Conference of Social Work. Describes and discusses the development of both external and indigenous leadership; local community development programs, including self-provided health and welfare services; local participation in development of national social policy and programs; and ways of coping with effects of industrial and urban change on traditional patterns of living. Stress is placed on growth of self-motivating communities linked closely to the larger society. Some agencies and programs whose activities are briefly summarized are Berkeley (California) Health Evaluation Project on a community-wide basis; Fellowship House (Philadelphia, Pennsylvania) for Negro-white and gentile-Jew cooperative relations; Philadelphia Citizens Committee Against Juvenile Delinquency, initiated by Puerto Ricans; Alcoholics Anonymous; United Cerebral Palsy; United Community Defense Services; National Urban League; Community Chests and Councils of America; United States Children's Bureau and some related local programs; Cooperative Health Federation of America; Labor Health Institute; and such self-motivated refugee aid groups as Citizens Committee on Displaced Persons, Self-Help Inc. for refugees from central Europe, and Ukrainian Displaced Persons Alliance.

56. Wechsler, Henry, THE EX-PATIENT ORGANIZATION, A SURVEY, *Journal of Social Issues*, Vol. 16, No. 2, 1960, pp. 47-53.

Author describes mental expatient groups as offering the individual opportunity for acceptance from those who will understand; common shared experiences; a situation relatively free from stress; and stimulus for developing relationships. Groups may be professionally led or patient-led, may be social- or treatment oriented, and may vary on membership rules. Most, however, stress the social interaction induced. Membership in such groups tends to be low because stigma is attached to mental illness, orientation of many groups is middle-class, and many expatients wish to sever patient connections.

57. Wechsler, Henry, TRANSITIONAL RESIDENCES FOR FORMER MENTAL PATIENTS: A SURVEY OF HALFWAY HOUSES AND RELATED REHABILITATION FACILITIES, *Mental Hygiene*, Vol. 45, No. 1, January 1961, pp. 65-76.

Describes two main types of hospital-to-community transitional residence: the halfway house and the work camp. The typical halfway house serves as home, transition point, and resocializing agent; residents participate in such group activities as visits to friends in mental hospitals and social functions within the community. The work camp, in a rural setting, provides farm-type work therapy as aid to self-rehabilitation.

58. Werner, Dane, MEASURING THE MOTIVE, Experiment in Culture Expansion, July 1963.

A part of the 1963 Norco Conference exploring involvement of the targets of therapeutic programs as active agents in the rehabilitative process. Article describes the possibility of using parolees as community advisers in combating delinquency. Author, an inmate of the intensive treatment unit at the California Institution for Men, analyzes his own group as a social system similar in all main characteristics to the larger community outside the prison. He himself serves as an advisor and supplier of statistical data concerning such issues as race or class distinction, poor use of leisure time, and insufficient initiative for change.

59. Wilder, J., SELF-HELP IN MENTAL ILLNESS, *Medical World*, March 1963, pp. 223-224.

Wilder's group, the Psychiatric Rehabilitation Association in London, helps mental patients and their families prepare their own adjustment on patients' return to home, work, and society. Self-activating group is formed with patient-leaders, with group worker serving only to stimulate until group is functioning. Patients make their own community contacts, goals for rehabilitation, etc. Wilder says key to help is trust in the patient as an equal with the right to an opinion. The association also serves as a meeting place for the lonely and for families of patients and as insurance for those who may relapse.

60. Yablonsky, Lewis and Dederich, Charles E., SYNANON: AS A PROGRAM FOR TRAINING EX-OFFENDERS AS THERAPEUTIC AGENTS, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference exploring involvement of the targets of therapeutic programs as active agents

in the rehabilitative process, the article describes Synanon, a rehabilitation program managed by ex-offenders for the treatment of criminal addicts. Authors describe "synanons" small-group self-therapy under ex-addict members; outline main characteristics of group leaders; compare Synanon structure to traditional prisons; and point out the organization's anti-criminal orientation, the high degree of member identification with the group, and the spread of Synanon projects into several states and into some prisons.

C. INSTITUTIONS (HOSPITALS, PRISONS, SCHOOLS)

61. Bierer, J., THE THERAPEUTIC COMMUNITY HOSTEL, *International Journal of Social Psychiatry*, Vol. 7, No. 1, Winter 1960-61, pp. 5-9.

Describes patient self-government at a living hostel, adjunct of Marlborough Day Hospital in London. Patients rebelled against nurse under original plan and ran the hostel themselves, doing all work. They received service at the day hospital and had bi-weekly discussions with psychiatrist. Author refers to development of a sense of group belonging and acceptance of group values, believing that self-government was an important factor in patient adjustment.

62. Briggs, D. L., CONVICTED FELONS AS SOCIAL THERAPISTS, *Corrective Psychiatry and Journal of Social Therapy*, Vol. 9, No. 3, 1933, pp. 122-127.

In a California prison, young adult convicts of average or plus intelligence were selected for comparison with a control group; the two lived in separate barracks and did small work projects. Staff-inmate roles were blurred. After initial delinquent failure to organize community, appointed inmate helpers ("therapists") were replaced by elected leaders who served on the relatively strict basis of observed approved behavior. Conclusion: given the proper environment and training, such community-developed leaders can contribute importantly to the welfare of the prison and the society at large.

63. Briggs. D. L., CONVICTED FELONS AS INNOVATORS IN A SOCIAL DEVELOPMENT PROJECT, in Experiment in Cultural Expansion, pp. 83-90. (mimeographed)

An extension of #58, this article describes increasing self-government among experimental inmate group involved in small work projects for three years. Inmates now plan, supervise, and evaluate work themselves. They have developed a committee for selecting new members, showing great skill at getting and analyzing information on candidates; they also orient new members. The inmates increasingly administer their project; do research on it; hold seminars on delinquency and behavioral change with students from local colleges; and participate in social therapy within the group. Staff role under original plan is now largely consultative. Author stresses need for central administration to support innovation and creativity.

64. Bushnell, David, LITERACY TRAINING OF PRISON INMATES, Experiment in Culture Expansion, July 1963.

A paper given at the 1963 Norco Conference, exploring involvement of the targets of therapeutic programs as active agents in rehabilitative process. Describes a literacy training program for San Quentin's approximately 17% functionally illiterate inmates. Combined live and programmed classes developed at author's Stanford Research Institute, with inmate talks under a discussion leader rather than a lecturer, were found very effective. Also highly usable were self-instruction programmed classes developed at Alabama's Draper Prison. Final San Quentin program was to utilize inmates as instructors.

65. Chen, C., THERAPEUTIC EFFECTS OF SPONTANEOUS PATIENT SUBGROUPS FORMED IN A STATE HOSPITAL WARD, *International Journal of Group Psychotherapy*, Vol. 12, No. 3, pp. 301-311.

Therapists in a state hospital were largely unsuccessful in attempts to organize schizophrenic patients into subgroups on such bases as age, education, past occupation, bed location, or time in hospital. Sizable benefits resulted when more active patients were encouraged to participate according to their interests. Therapists' role decreased and ward became a parole ward, with ground privileges, visiting privileges, and early discharge.

66. Conrad, John P., THE PRACTICAL ASPECTS OF SOCIAL DEVELOPMENT IN CORRECTIONAL DEPARTMENT, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, sponsored by the National Institute of Mental Health, exploring involvement of the targets of therapeutic programs as active agents in the rehabilitative process. Author, of the Programs Development Staff in the California Department of Corrections, explores the use of inmates in correctional work. Some ideas suggested by author are a self-help group counseling program; proper recognition to be given to inmate helpers; and a lessening of the role of the professional in correctional disciplines.

67. Crockett, R. W., INITIATION OF THE THERAPEUTIC COMMUNITY APPROACH TO TREATMENT IN A NEUROSIS CENTER, *International Journal of Group Psychotherapy*, Vol. 12, No. 2, 1962, pp. 180-193.

Describes Ingrebourne hospital center, England. Distinguished from traditional group therapy approach

and marked by minimum difference from outside world; awareness by individual of impact on others; inclusion of whole population; staff participation; horizontal authority structure; and free communication.

68. Edelson, Marshall, THE SOCIOTHERAPEUTIC FUNCTION IN A PSYCHIATRIC HOSPITAL, *Journal of the Fort Logan Mental Health Center*, Vol. 4, No. 1, Spring 1967.

This issue is devoted to a long paper on community behavior in a mental hospital. Areas of special attention are organization of the hospital; different views of the therapeutic patient community, with emphasis on the self-help aspects; the nature of the regular community meeting; the role of the sociotherapist; and the role of the community program staff.

69. Empey, Lamar T., and Rabow, Jerome, THE PROVO EXPERIMENT IN DELINQUENCY REHABILITATION, *American Sociological Review*, Vol. 26, No. 5, October 1961, pp. 679-696.

Authors describe an attempt in Provo, Utah, to apply sociological theory to treatment of delinquents. Stress of the experiment is not on specific treatment methods but rather on the development of a basically self-help community. Members are encouraged toward maximum interrelation within the group and toward examination of the legitimacy of authority, the relative merit of delinquent and conventional behavior, and their own potential for change of value standards.

70. Fink, S. L., Fantz, Rainette, and Zinker, J. C., THE RELEVANCE OF MASLOW'S HIERARCHY TO REHABILITATION, *Rehabilitation Counseling Bulletin*, December 1963, pp. 41-48. American Personnel and Guidance Association, Washington D. C.

Authors classify hospital patients' needs according to Maslow's ascending hierarchy of physiological needs, safety needs, belongingness and love needs, esteem needs, and self-actualization needs.

71. Gottfredson, Don M., NEEDED: A GOOD IDEA, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, article raises the question: how can convicted persons contribute to society's efforts to cope with crime and delinquency? Author explores possibility of inmates' and parolees' developing action programs; analyzing dynamics of delinquent sub-cultures; performing interviewing, testing,

coding, filing, typing, computer programming, and analyses of variance; training others in research tasks; and treating others through social therapist roles.

72. Hannum, T. E., and Warman, R. E., THE USE OF INMATE COUNSELORS IN THE ORIENTATION OF NEW INMATES, *Corrective Psychiatry and Journal of Social Therapy*, Vol. 9, No. 2, 1963, pp. 95-99.

Describes program at Women's Reformatory, Rockwell City, in which experienced inmates counsel new inmates during first orientation procedures. Counselors are selected by staff with acceptance voluntary; new inmates are required to attend. Theory is that inmate counselor can, through free discussion, better inform new inmates regarding punitive and rehabilitative aspects of prison. Benefits in both communication and functioning are observed on all levels: new inmates, inmate counselors, staff, and prison as a whole.

73. Hawkinshire, Frank B. W., TRAINING NEEDS FOR OFFENDERS WORKING IN COMMUNITY TREATMENT PROGRAMS, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, the paper presents a brief history of prison rehabilitation and then describes the University of Michigan's Flint Youth Study as a workable model for former inmates. The study has developed a self-help training program for groups of young persons that stresses the development of leadership from within; group action to achieve growth and change; clear definition of goals and evaluation of success; and such trainee-oriented elements as anticipatory role practice, direct support in the working situation, evaluative feedback, observation periods, realistic case materials, and analysis sessions regarding the total group situation.

74. Hoover, K. K., Raulinaitis, I, and Spaner, F. E., THERAPEUTIC DEMOCRACY: GROUP PROCESS AS A CORRECTIVE EMOTIONAL EXPERIENCE, *International Journal of Social Psychiatry*, Vol. 11, No. 1, 1965, pp. 26-31.

Therapeutic democracy in the Motivation Unit at Veterans Administrative Hospital at Downey, Illinois. Goal is to restore to psychotics a voice in their own affairs. Based on concepts of human rights, self-reliance, joint social responsibility. Key words are interpersonal relations, help, respect, self-reliance, mutual trust, group decisions, social responsibility, creative energy. The group as a whole discharges members.

75. Jones, Maxwell, *et al.*, *Social Psychiatry: A Study of Therapeutic Communities*, Great Britain: Tavistock Publication Limited, 1952.

Authors describe psychotherapeutic treatment of patients in Belmont Hospital, London and develop general analyses and conclusions based on the studies. Major aspects of the work include the social structure of the unit, social therapy, problems of in-patient psychotherapy, techniques and group formation, follow-up inquiries, and vocational guidance. Basic therapeutic technique in the unit was informal and patient-oriented, with spontaneous group formation and leadership rising from within. Staff participation was limited to correction of such inaccuracies as wrong psychological statements. Follow-up studies on degree of post-hospital employment, social effectiveness, and personal happiness have convinced authors that the Belmont method can be successful with patients generally regarded as nonfunctional and untreatable.

76. Landy, D. and Wechsler, H., COMMON ASSUMPTIONS, DIMENSIONS, AND PROBLEMS OF PATHWAY ORGANIZATIONS, *Journal of Social Issues*, Vol. 16, No. 2, 1960, pp. 70-78.

Regarding pathway organizations (e.g., half-way houses) but relevant to self-help.

Common Assumptions:

1) Continuity of rehabilitation: from hospital to community, transition less demanding and abrupt--less relapse and regression.

2) Delaying Action--postponement of demands of community, yet more "realistic" than hospital. Works best in nonrestrictive, nonthreatening, loosely structured, and hierarchy-reducing milieu.

3) Socialization and/or Resocialization--learns to interact effectively in a protected social environment, with peer and authority figures.

Dimensions of Pathway Organizations: (Along which they vary)

1) Closed and Open System: from custodial to open--index is degree to which institution is involved in life of patient; extent of control.

2) Professional versus lay organization: e.g., from day hospital (totally professionally run) to expatient organization (member-run)

3) Dependence and Independence--paradox of trying to support patient yet achieve independence for return to community.

4) Patient Role and Nonpatient Role - Object is for patient to surrender his patient role. Patient may assume expatient role indefinitely - is this successful rehabilitation?

Research problems:

1) Lack of specific verifiable studies of the effectiveness of these facilities. (Landy names a few)

2) Clinical impressions often cited rather than definitive studies.

3) Landy cautions against using such criteria as: (uncritically)

a) length of stay

b) impressions of "success" in facilities that select patients on the basis of their presumed ability to benefit, in absence of controls.

c) Use of quantitative "statistical" data without specification of premorbid baselines and criteria for measurement of rehabilitative status, so that the latter may accurately be compared with the former as a measure of rehabilitation effectiveness--may be more misleading than merely using clinical judgement.

4) Problems of adequate control groups.

5) Ethical problems in dealing with humans--random assignment to treatment, etc.

6) Matching designs difficult since relevant variables little known.

Problems facing agencies:

1) Length of stay--each must learn range of optimal length--benefits of decompression effects versus dependency.

2) Readmissions--say nothing about success of a program. Question is degree to which facility should become a permanent sanctuary.

3) Selection of members--poorly developed policies. Also evaluation impossible if only "good risks" are admitted. Negative criteria often used e.g., no alcoholics, psychopaths, homosexuals. Some patients fit in nowhere.

4) Costs--it has not been definitively found that these facilities are less expensive than other sorts, yet they make the claim of being so.

5) Determination of Need--(for such agencies) unknown.

Such agencies are culturally acceptable because the following are highly valued in this society: work, socially acceptable behavior, egalitarianism, democracy, individual expression, enhancement of self-esteem, reduction of social barriers between rehabilitation workers and patient facilitation of upward and downward communication, restoration of earning power, helping patient to help himself, teamwork, emphasis on ego-strength, etc.

Evaluation can probably never be value-free, yet awareness of operation of cultural values should be present.

These new facilities need careful study, there has been only a bare beginning.

77. Landy, David and Greenblatt, Milton, *Halfway House*, U.S. Department of Health, Education, and Welfare, 1965.

A socio-cultural and clinical study of Boston's Rutland Corner House, a transitional aftercare residence for female psychiatric patients. The study begins with the history, physical layout, and organization of Rutland; the method of patient selection; and the socio-cultural and clinical condition of the residents. It continues with an extended description of life in the halfway house and ends with a set of community outcome measures.

78. Lind, Alice and Gralnick, A., INTEGRATION OF THE SOCIAL GROUP WORKER AND PSYCHIATRIST IN THE PSYCHIATRIC HOSPITAL, *International Journal of Social Psychiatry*, Vol. 11, No. 1, 1965, pp. 53-58.

Describes High Point Hospital, Port Chester, New York. Forty-five private borderline and decompensated psychotics, grouped into four therapeutic communities with focus on working relation between psychiatrist and social worker. Staff decides programs on basis of assumed group need. Least sick patients are assigned work-leadership positions.

Individual upward mobility is considered to develop through ego-strengthening.

79. Litman, T. J., THE INFLUENCE OF SELF-CONCEPT AND LIFE ORIENTATION FACTORS IN THE REHABILITATION OF THE ORTHOPEDICALLY HANDICAPPED, *Journal of Health and Human Behavior*, Vol. 3, No. 4, 1962, pp. 249-257.

In a study of 100 patients over 14, author investigates how the patient's rehabilitation is affected by past and present attitudes of both himself and non-injured acquaintances. Methods of study included evaluation by staff, self-evaluation through interviews, and a pre-disability questionnaire mailed to patient's nearest living relative. Some factors found most related to rehabilitation were patient's self-conception, family reinforcement, and financial concern. Less related factors include age, family solidarity, and pre-disability personality and behavior. Author recommends more public education on rehabilitation.

80. MacDonald, W. Scott and Sanders, David H., AUTONOMOUS GROUPS IN THE REHABILITATION OF INSTITUTIONALIZED MENTAL PATIENTS: PHILOSOPHY AND IMPLICATIONS, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, this paper describes approach and practices of the Menlo Park program, which encourages the development of small autonomous patient groups in a mental hospital. Groups plan their own work programs and other activities, with staff participation limited mainly to supplying information. The Menlo program calls for integration of ex-patients into the community through rehabilitation centers in lower and lower-middle class neighborhoods.

81. Mechanic, D., RELEVANCE OF GROUP ATMOSPHERE AND ATTITUTDES FOR THE REHABILITATION OF ALCOHOLICS, *Quarterly Journal of Studies in Alcoholism*, Vol. 22, 1961, pp. 634-645.

Author compares two rehabilitation centers for alcoholics. Entry into first center was voluntary, patients could go out, and activities encouraged alcoholics to analyze and work on their problem. Other center, for legally committed patients with a small group of volunteer patients added, had no treatment or program. Patients in voluntary center developed positive attitudes of self-help. Volunteer patients in committed center were negatively affected. Author stresses importance of group atmosphere in affecting the attitudes of alcoholics.

82. Oberhauser, E. J., INMATES AS TREATERS IN THE THERAPEUTIC COMMUNITY SETTING, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, this paper describes a series of California therapeutic communities, especially the Pine Hall Project, in which inmates live, work, and meet together with supervisory staff. Inmates participate actively in therapy for themselves and other inmates. Such escape techniques as lying and manipulating others are resisted; emphasis is placed instead on responsibility, decisiveness, impulse control, and new ways of coping with anxieties.

83. Racker, Franziska W., Delgai, E. F., and Abramson, A. S., THE THERAPEUTIC COMMUNITY: AN APPROACH TO MEDICAL REHABILITATION, *Archives of Physical, Medical and Rehabilitation*, Vol. 44, No. 5, May 1963, pp. 257-261.

Two groups of physically disabled patients are compared in an experimental ward and a control ward using traditional rehabilitation procedures. Experimental ward stressed coordinated staff, round-the-clock program, group participation, patient self-determination and self-expression, participation of families in rehabilitation, community integration, and follow-up program. Traditional ward showed reduced initiative and motivation, fear of leaving hospital, inadequate interest in others, disruption of family and social ties, and post-hospital retrogression.

84. Rapoport, Robert N., *et al.*, *Community as Doctor: New Perspectives on a Therapeutic Community*, Great Britain: Tavistock Publications Limited, 1960.

Analysis of program and progress of Industrial Neurosis Unit at Belmont Hospital, London. Focuses on such major aspects as treatment and rehabilitation, characteristics of patients, programmed purposes, organization of activities, in-hospital social roles and processes, patterns of patient reactions, and related functions of patient's family.

85. Saleebey, George, SOME ACTION PROPOSALS FOR UTILIZATION OF EX-OFFENDERS, Experiment in Culture Expansion, July 1963.

Given at the 1963 Norco Conference, sponsored by the National Institute of Mental Health, exploring involvement of the targets of therapeutic programs as active agents in the rehabilitative process. Article, by Chief of Delinquency Prevention Services in the California Youth Authority, advocates intensive use of ex-offenders in such areas as correctional advisory boards; pre-parole classes; orientation

sessions for offenders; staff inservice training programs; local self-help groups; and "big brother" programs with juvenile offenders.

86. Street, David, THE INMATE GROUP IN CUSTODIAL AND TREATMENT SETTINGS, *American Sociological Review*, Vol. 30, No. 1, February 1965, pp. 40-55.

Author sees prison inmate groups as problem-solving systems affected mainly by level of deprivation and degree of staff authority exercised. Elaborates on the idea that inmates in treatment rather than custodial institutions develop more positive norms and perspective, more productive interrelations, and more effective inmate leaders.

D. SELF-HELP ORGANIZATIONS

87. Harris, Elizabeth T., PARENTS WITHOUT PARTNERS, INC.: A RESOURCE FOR CLIENTS, *Social Work*, Vol. 11, No. 2, April 1966, pp. 92-98.

Gives a professional observer's evaluation of the group's assets, liabilities, and selective usefulness for certain types of clients. Parents Without Partners (PWP) defines itself as a "national and international, non-profit, nonsectarian, educational organization, devoted to the welfare and interests of single parents and their children." The author describes the composition of the group; primarily parents with grown children or youthful grandparents, white, middle class and multi-religious; women outnumber men and divorced or separated persons outnumber widowed persons. Speakers are heard at regular meetings; group also conducts social dances and parties, family activities including outings, and children's parties.

88. Jackson, Maurice P., THEIR BROTHER'S KEEPERS.

Extensive listing of local self-help organizations and facilities, as of 1961, grouped according to subject-matter and disability. Available through *The Dis-Coverer*, 447 Gregory Hall, Urbana, Illinois.

89. *The Dis-Coverer*, Vol. 2, No. 1, March 1965.

This issue of the *Dis-Coverer* is devoted to self-help organizations in the areas of alcoholism, drug addiction, and mental disturbance. Some groups briefly described are Hazelden, Minnesota; Daytop Lodge in New York; Recover, Inc. in Illinois; and Shadybrook House in Ohio.

E. SELF-HELP GROUPS AND PROFESSIONAL WORKERS

90. MacLennan, Beryce W. and Klein, William, UTILIZATION OF GROUPS IN JOB TRAINING WITH THE SOCIALLY DEPRIVED, *International Journal of Group Psychotherapy*, Vol. 15, No. 4, October 1965, pp. 424-433. (Paper prepared for the Twenty-second Annual Conference of the American Group Psychotherapy Association, January 1965.)

Describes program of the Center for Youth and Community Services at Howard University for training socially deprived youths to work as non-professional aides in human services. Program consists of on-the-job experience; skill workshops and use of a core group for examining job requirements; and a basic curriculum common to all human service fields and pointed toward successful functioning of trainees in society. Emphasis is placed on increased self-esteem, impulse control, management of interpersonal relations, and sublimation of energy in the direction of constructive work.

91. Riessman, Frank, THE NEW COMMUNITY-BASED NONPROFESSIONAL MENTAL HEALTH AIDE, *Journal of the Fort Logan Mental Health Center*, Vol. 3, No. 3, Winter 1965, pp. 87-100.

Describes the extensive use of nonprofessional helpers in neighborhood service centers. Helpers are neighborhood residents; have no more, and often less, than a high school education; and in many cases have been poor and on welfare themselves. Working under supervisors, they effectively provide a varied community-wide help program with emphasis on mental stability. Author also outlines considerations in the selection and training of the nonprofessional aides.

92. Reissman, Frank, *The Revolution in Social Work: The New Non-professional*, New York: National Institute of Labor Education, 1963.

Discusses development and use of non-professionals in various functions now performed by professionally-trained workers.

93. Toch, Hans H., THE ROLE OF THE PROFESSIONAL IN THE PROMOTION OF CHANGE, Experiment in Culture Expansion, July 1963, pp. 111-114. (mimeographed)

Given at the 1963 Norco Conference, this article warns against present over-emphasis on the institutionalized role of the trained professional in the achievement of social change. Author holds that the core of healthy change is reciprocal self-help relations among nonprofessionals.

However, even these become institutionalized through intensification and focusing. Article urges cooperation between laymen and professionals as a guard against the institutionalization of either. Professionals can help lay groups remain self-aware and adaptable; laymen can help link professionals to the rest of society.

F. SELF-HELP AND COMMUNITY DEVELOPMENT

94. Cannell, Charles F., Wale, Fred G., and Withey, Stephen B. (editors) *The Journal of Social Issues*, Vol. 9, No. 2, 1953.

Six related essays on community development in Puerto Rico by the editors and others including Stuart Chase, Luis Muñoz Marín, Carmen Isales, Rául Muñoz, Belén M. Serra, and Angelina S. de Roca. Under the program, villagers work toward community self-development with Division of Community Education administrative and field aid in motivation, training, and group organization, with leaders emerging democratically from within. Village efforts are toward replacement of the one-crop sugar economy with diversified farming and industry; soil conservation in the face of overheavy rainfall; sanitation and nutrition techniques to cope with such environmental obstacles as impure water; literacy and academic education; social education, including greater concern with democratic process; and a strengthening of the cooperative and mutually tolerant approach that is already a part of the Puerto Rican culture. Main contribution of government field worker is trained discipline in group discussion that can lead to self-sufficient and democratic local society.

95. Isales, Carmen, and Wale, Fred G., THE FIELD PROGRAM, *Journal of Social Issues*, Vol. 9, No. 2, 1953.

The field program of Puerto Rico's Division of Community Education described in detail. Division developed in response to illiterate and economically and socially underdeveloped conditions in village communities. Agricultural, educational, and sociological planners organize program based on potential rights, and responsibility of villagers to share in group self-development. Division field workers are selected from the villages on the basis of community acceptance, concern for people's problems and anti-authoritarianism, dynamic personality, psychological security, ethical values, and tolerance toward others. Field workers are trained in historical and cultural heritage, economic and social problems with emphasis on rural areas, educational leadership toward democratic development, and work program organization. A field worker covers an area that includes 25 to 30 communities. As he becomes familiar with each community from total group to families and individuals, he provides educational books, films, and graphic arts for voluntary distribution. He responds to problems and desires on all levels by encouraging group discussions with all participating in study, step-by-step planning of solutions, and action timed to community readiness. Periodic in-service training helps field worker

analyze problems in his own work that arise through village experiences. Article concludes with self-evaluation of Division of Community Education concerning its personnel selection and training methods and reaffirmation of the democratic process within its own structure.

96. Israel National Committee for Social Service, REPORT ON RURAL AND URBAN COMMUNITY DEVELOPMENT, Israel National Committee for Social Service, April 1962.

This report by Israel to the Eleventh International Conference of Social Work summarizes discussions on rural community development; urban community development; and the development, training, and use of leadership resources in community development programs.

97. Pal, Agaton P., *The Resources, Levels of Living, and Aspirations of Rural Households in Negros Oriental.* University of the Philippines, 1963.

Author studies living levels, values, practices, and aspirations of rural farm groups of Negros Oriental in the Phillippines and recommends community development program centered around cooperative credit system. Program, adopted in the area, stresses group self-responsibility in administering loans to members, development of local leadership and management skills, and local autonomy in fiscal capitalization. Author notes partial success of program in promoting local government, farm production, and small public work projects. He indicates the need for better schools, fair distribution of public land to settlers and cultivators, farm-product price policies that balance market-commodity price policies, a community development bank for cooperative capitalization, community organizations to counteract industrial and urban alienation, off-the-farm opportunities to ease farmer overpopulation, more popular concern with programs of political candidates, better public administration, and socio-economic coordination of rural communities and the larger national society.

98. Randhawa, M. S., *National Extension Service and Community Projects in Punjab.* Punjab government, 1955.

Author describes Punjab's community development program, which is based on principles of self-help. With the aid of supplies, services, and credit from the administrative organization, the village people seek higher standards of life through scientific farming, supplementary small industry, local public works, and

developed channels of social expression. Program includes land reclamation; irrigation and fertilizing; paddy cultivation and vegetable gardening; crop selection; animal husbandry; industries and industrial training; housing; sanitation, nutrition, and health education; academic education; social education; and community organizations, festivals, youth groups and camps, and arts and crafts. Emphasis is placed on literacy, skills, knowledge, understanding, and co-operative action. Book provides many examples of village life in Punjab.